

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

10

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 33

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		58032.39
(b) Cash on Hand at Beginning of Reporting Period	59332.59	
(c) Total Receipts (from Line 19)	17649.24	255450.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76981.83	313483.06
7. Total Disbursements (from Line 31)	31000.00	267501.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45981.83	45981.83
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 33

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8895.52	66074.42
(ii) Unitemized	1253.72	28876.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10149.24	94950.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	160500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17649.24	255450.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17649.24	255450.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17649.24	255450.67

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	256801.23	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	7000.00	10700.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31000.00	267501.23	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31000.00	267501.23	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 33

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17649.24	255450.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17649.24	255450.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rick D. Riley

Mailing Address 5602 Painted Valley Drive

City

Austin

State

TX

Zip Code

78759-5526

FEC ID number of contributing
federal political committee.

C

Name of Employer
CICA Life Insurance Compa-
ny of America

Occupation

Chr of the Bd, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 31383846

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Sidney L. Harp, II

Mailing Address P.O. Box 1383

City

Donaldsonville

State

LA

Zip Code

70346-1383

FEC ID number of contributing
federal political committee.

C

Name of Employer
CICA Life Insurance Compa-
ny of America

Occupation

Vice President, Home Service Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 6 / 2 0 0 9

Transaction ID: 31572174

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance
Company of A

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: 31590117

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

3520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David K. Ficca

Mailing Address 4116 Aspen Street

City

Chevy Chase

State

MD

Zip Code

20815-5059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baltimore Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 31704439

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Michael R. Hopkins

Mailing Address P.O. Box 149151

City

Austin

State

TX

Zip Code

78714-9151

FEC ID number of contributing
federal political committee.

C

Name of Employer
CICA Life Insurance Compa-
ny of America

Occupation
Office Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31731294

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City

Orlanda

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hannover Life Reassurance
Company of A

Occupation
SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: 31766529

Amount of Each Receipt this Period

20.00

9-30-09 Hannover Re Payro-
ll

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1120489717700

Amount of Each Receipt this Period

96.00

P/R Deduction (\$48.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1156427117700

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City State Zip Code
Southington CT 06489-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
VantisLife Insurance Comp-
any

Occupation
Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1503559917700

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
VantisLife Insurance Comp-
any

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1503560117700

Amount of Each Receipt this Period

62.00

P/R Deduction (\$31.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3140.64

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1550105917700

Amount of Each Receipt this Period

348.96

P/R Deduction (\$174.48 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1554864817700

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

510.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Gail Steinberg

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1565786717700

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Taxes & Retirement Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1647849717700

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice Pres & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2624.94

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771358217700

Amount of Each Receipt this Period

291.66

P/R Deduction (\$145.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

371.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.95

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771362417700

Amount of Each Receipt this Period

101.66

P/R Deduction (\$50.83 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Bartholomew

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771362817700

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771365417700

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

261.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
VP, Legislative & Regulatory Informati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771369017700

Amount of Each Receipt this Period

54.60

P/R Deduction (\$27.30 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2353.13

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771373217700

Amount of Each Receipt this Period

261.46

P/R Deduction (\$130.73 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.64

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771373517700

Amount of Each Receipt this Period

48.96

P/R Deduction (\$24.48 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

365.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1191.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771374017700

Amount of Each Receipt this Period

132.34

P/R Deduction (\$66.17 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. James D. Hall

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771374317700

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771376017700

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

222.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.70

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771376817700

Amount of Each Receipt this Period

47.30

P/R Deduction (\$23.65 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771377117700

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4312.55

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771395117700

Amount of Each Receipt this Period

515.62

P/R Deduction (\$257.81 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

762.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.78

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771419317700

Amount of Each Receipt this Period

177.26

P/R Deduction (\$88.63 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Frank Keating

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771419717700

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Brenda Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771419917700

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

693.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Nancy Smith

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771420017700

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel & Director, Southern Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771421017700

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Assoc. General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771421117700

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771422917700

Amount of Each Receipt this Period

64.88

P/R Deduction (\$32.44 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Associate General Counsel, Litigation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771423217700

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771428717700

Amount of Each Receipt this Period

121.76

P/R Deduction (\$60.88 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

266.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1179.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771428817700

Amount of Each Receipt this Period

131.04

P/R Deduction (\$65.52 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1815.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771428917700

Amount of Each Receipt this Period

222.42

P/R Deduction (\$111.21 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771444317700

Amount of Each Receipt this Period

58.34

P/R Deduction (\$29.17 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

411.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771444917700

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771445817700

Amount of Each Receipt this Period

31.26

P/R Deduction (\$15.63 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mrs. Courtney English

Mailing Address 101 Consitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Director, Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771449417700

Amount of Each Receipt this Period

36.26

P/R Deduction (\$18.13 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

107.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771449617700

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR771450117700

Amount of Each Receipt this Period

28.50

P/R Deduction (\$14.25 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City State Zip Code
Lansdale PA 19446-1671

FEC ID number of contributing
federal political committee.

C

Name of Employer
London Life Reinsurance
Company

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR798114417700

Amount of Each Receipt this Period

77.16

P/R Deduction (\$38.58 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

155.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.99

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR805149117700

Amount of Each Receipt this Period

185.42

P/R Deduction (\$92.71 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR904819517700

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

235.42

TOTAL This Period (last page this line number only)

8895.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CC Services INC Country PAC

Mailing Address 1705 Towanda Avenue

City

Bloomington

State

IL

Zip Code

61701

FEC ID number of contributing
federal political committee.

C

C00390971

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: 31383847

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Phoenix Companies PAC

Mailing Address One American Row

City

Hartford

State

CT

Zip Code

06115

FEC ID number of contributing
federal political committee.

C

C00168203

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: 31704485

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Holland for Oklahoma

Mailing Address P.O. Box 890775

City Oklahoma City State OK Zip Code 73189

Purpose of Disbursement
Kim Holland, INSURANCE COMMISS. OK

Candidate Name
Ms. Kim Holland

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31385813

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Kim Holland, INSURANCE CO-
MMISS. OK

B.

Full Name (Last, First, Middle Initial)

Texans for Rick Perry

Mailing Address PMB 217
P.O. Box 2013

City Austin State TX Zip Code 78768-2013

Purpose of Disbursement
Rick Perry, GOVERNOR TX

Candidate Name
Mr. Rick Perry

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31385814

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

1000.00

Rick Perry, GOVERNOR TX

C.

Full Name (Last, First, Middle Initial)

Coalition to Elect Larry Taylor

Mailing Address P.O. Box 1208

City Friendswood State TX Zip Code 77549

Purpose of Disbursement
Larry Taylor, STATE HOUSE 24th TX

Candidate Name
Larry Taylor

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: 31385820

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

500.00

Larry Taylor, STATE HOUSE
24th TX

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

American Council of Life Insurers Political Action Committee

Craig Eiland, STATE HOUSE
23rd TX

Joe Straus, STATE HOUSE
121st TX

Kelly Hancock, STATE HOUSE
91st TX

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kip Averitt Campaign Committee

Mailing Address P.O. Box 20683

City Waco State TX Zip Code 76702

Purpose of Disbursement
Kip Averitt, STATE SENATE 22nd TX

Candidate Name
Kip Averitt

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District:

Transaction ID: 31385867

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

500.00

Kip Averitt, STATE SENATE
22nd TX

B. Full Name (Last, First, Middle Initial)
Friends for Lewis Moore

Mailing Address P.O. Box 250

City Arcadia State OK Zip Code 73007-0250

Purpose of Disbursement
Lewis Moore, STATE HOUSE 96th OK

Candidate Name
OK Rep. Lewis Moore

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 96

Transaction ID: 31586824

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

250.00

Lewis Moore, STATE HOUSE
96th OK

C. Full Name (Last, First, Middle Initial)
Friends of Kris Steele

Mailing Address 1211 Cambridge Drive

City Shawnee State OK Zip Code 74804

Purpose of Disbursement
Kris Steele, STATE HOUSE 26th OK

Candidate Name
OK Rep. Kris Steele

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 26

Transaction ID: 31586898

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

750.00

Kris Steele, STATE HOUSE
26th OK

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cliff Aldridge for Senate

Mailing Address P.O. Box 10946

City State Zip Code
Midwest City OK 73140Purpose of Disbursement
Cliff Aldridge, STATE SENATE 42nd OKCandidate Name
OK Sen. Cliff Aldridge

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	

State: OK District:

Transaction ID: 31586920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

500.00

Cliff Aldridge, STATE SEN-
ATE 42nd OK**B.**

Full Name (Last, First, Middle Initial)

Burrage for Senate

Mailing Address P.O. Box 309

City State Zip Code
Claremore OK 74018Purpose of Disbursement
Sean Burrage, STATE SENATE 2nd OKCandidate Name
OK Sen. Sean Burrage

Office Sought:	<input type="checkbox"/> House	Disbursement For:	2010
	<input checked="" type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	

State: OK District:

Transaction ID: 31587055

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

500.00

Sean Burrage, STATE SENATE
2nd OK

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address 8150 West Emerald Street Suite 170 <hr/> City Boise State ID Zip Code 83704 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Mr. Walter C. Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	Transaction ID: 31585659 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B. Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address 122 C Street, NW Suite 505 <hr/> City Washington State ID Zip Code 20001 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: 31585664 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div>
C. Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 426 C Street, SE Attn: Tonya Fulkerson <hr/> City Washington State ID Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Charles Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 31585677 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 2 2 2 0 0 9 </div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Enzi For U.S. Senate

Mailing Address P.O. Box 2775

City
Cody

State
WY

Zip Code
82414

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Michael Enzi

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY

District:

Transaction ID: 31585680

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard E. Neal for Congress Committee

Mailing Address P.O. Box 15906

City
Chevy Chase

State
MD

Zip Code
20825

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Neal

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 02

Transaction ID: 31585682

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

South Dakota First PAC

Mailing Address 122 Maryland Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

South Dakota First PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 31585684

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress	Transaction ID: 31585686 Date of Disbursement
Mailing Address 104 Hume Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Lynn Jenkins	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: 31585688 Date of Disbursement
Mailing Address 209 Pennsylvania Ave, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Roy Blunt	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Chris Lee For Congress	Transaction ID: 31585694 Date of Disbursement
Mailing Address PO Box 15395	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 9</div> </div>
City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Christopher Lee	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Neugebauer Congressional Committee

Mailing Address 217 Third Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Rep. Robert NeugebauerOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 19

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31585696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	1	1
---	---	---

Category/
Type
B. Full Name (Last, First, Middle Initial)
Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

Candidate Name
Rep. David ReichertOffice Sought: ☒ House
☐ Senate
☐ President

State: WA District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31585709

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	1	1
---	---	---

Category/
Type
C. Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 NE Holladay, # 105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name
Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ President

State: OR District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31585730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	1	1
---	---	---

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Jeff Merkley For Oregon	Transaction ID: 31585762 Date of Disbursement
Mailing Address 122 C Street, SW Suite 505	<div> <div>09</div> <div>22</div> <div>2009</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Debt Retirement-2008 General Election	<div>1000.00</div>
Candidate Name Mr. Jeffrey Merkley	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2008
B. Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 31586352 Date of Disbursement
Mailing Address PO Box 76187 Suite 800	<div> <div>09</div> <div>22</div> <div>2009</div> </div>
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Sherrod Brown	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress	Transaction ID: 31586494 Date of Disbursement
Mailing Address P.O. Box 10322	<div> <div>09</div> <div>22</div> <div>2009</div> </div>
City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period
Purpose of Disbursement Check not received by campaign	<div>-1000.00</div>
Candidate Name Rep. Bradley Miller	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Check not received by cam- paign

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Brad Miller For United States Congress

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Reissue of check # 7375

Candidate Name
Rep. Bradley Miller

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 13

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 31586502

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

Reissue of check # 7375

B. Full Name (Last, First, Middle Initial)
Pennsylvanians for Kanjorski

Mailing Address 1225 I Street, NW
Suite 900

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Paul Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 31586797

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Rob Portman for US Senate

Mailing Address 900 19th Street, NW
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name
Mr. Rob Portman

Office Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 31720102

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling	Transaction ID: 31720103 Date of Disbursement
Mailing Address PO Box 820504	<div> <div>09</div> <div>29</div> <div>2009</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Jeb Hensarling	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 31720105 Date of Disbursement
Mailing Address PO Box 14631	<div> <div>09</div> <div>29</div> <div>2009</div> </div>
City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Dennis Moore	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Garrett for Congress	Transaction ID: 31720106 Date of Disbursement
Mailing Address 400 N. Capitol Street, NW, Suite 585	<div> <div>09</div> <div>29</div> <div>2009</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Scott Garrett	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

24000.00